

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214520668				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: North Sky Communications, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%; text-align: right;"> <p>DUE DATE: 3/31/2014</p> <p>SCC ID NO: F1854050</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000
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COMMON	1,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 11818 SE MILL PLAIN BLVD SUITE 410</p> <p style="text-align: center;">CITY/ST/ZIP: VANCOUVER, WA 98684</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RODNEY KUENZI TITLE: PRESIDENT ADDRESS: 11818 SE MILL PLAIN BLVD STE 410 CITY/ST/ZIP/CO: VANCOUVER, WA 98684 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RODNEY KUENZI TITLE: PRESIDENT ADDRESS: 11818 SE MILL PLAIN BLVD STE 410 CITY/ST/ZIP/CO: VANCOUVER, WA 98684	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	TERESA SUMMERS CONTROLLER 11818 SE MILL PLAIN BLVD. SUITE 410 VANCOUVER, WA 98684	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RICHARD B. VILSOET SECRETARY 11770 US HIGHWAY 1 SUITE 101 PALM BEACH GARDENS, FL 33408	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	H. ANDREW DEFERRARI DIRECTOR 11770 US HIGHWAY 1 SUITE 101 PALM BEACH GARDENS, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEVEN NIELSEN DIRECTOR 11770 US HIGHWAY 1 SUITE 101 PALM BEACH GARDENS, FL 33408	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ RICHARD B. VILSOET SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	RICHARD B. VILSOET, SECRETARY PRINTED NAME AND CORPORATE TITLE	4/21/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			